

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **K83380**

1. Corporation Name

TARPON FLATS NO. 3, INC.

Principal Place of Business

Mailing Address

135 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082-1313

135 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082-1313

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

07/14/03 90350 039

\$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1989

5. FEI Number

59-2944243

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	HIXON, JOSEPH M.	2915 INDEPENDENCE SQUARE	JACKSONVILLE FL
VD	SMITHWICK, WALTER (DR.)	1801 BARRS ST., STE 600	JACKSONVILLE FL
PD	LEMASTER, EDWARD B. III	135 PONTE VEDRA BLVD.	PONTE VEDRA BEACH FL
ST	LEMASTER, HARRIET	135 PONTE VEDRA BLVD.	PONTE VEDRA BEACH FL

B. Name and Address of Current Registered Agent

HILL, WILLIAM H., JR.
2106 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

William H. Hill, Jr.
REGISTERED AGENT MUST SIGN

Date

10/20/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Edward B. Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 19 OCT 03
Date

904-285-6017
Daytime Phone #

CR2E040 (7/03)

Division of Corporations

I never received notice that I owed the \$150.00 until July at which time I sent a check and an explanation of why I was late paying.

Please check your records and renew my Corp. account for Tarpon Flats No. 3 Inc.

Edward B. F. [Signature]